



**FIREARMS DEALER LICENSE  
COMPLETE IN TRIPLICATE**

FEE \$300.00      \_\_\_\_\_New      \_\_\_\_\_Renewal

Business Name		Phone	
Address		Zip Code	
Mailing Address		Zip Code	
Days Open		Business Hours	

**Applicant Information:** The applicant for this Dealer's License should be the same person that applied for the federal firearms license used to operate this business. Additional persons may be listed on a separate page.

Name		Phone	
Aliases and/or Maiden Name		Date of Birth	
Home Address		Sex	
Zip Code		Race	

**All applicants will provide certified copies of their federal firearms license, proof of insurance against potential damage liabilities and hazards, and proof of monitored security alarm systems with this application.** As a condition of this application, dealers will permit inspection of their premises by the Wichita Police Department, Wichita Fire Department and/or Wichita Office of Central Inspection during regular business hours.

I hereby certify that I have read and am familiar with the ordinances of the City of Wichita and with the requirements thereof as they pertain to my license. I understand and will enforce the five day waiting period requirement and will comply with Wichita Police Department procedures for the required background checks of purchasers of handguns and assault weapons.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

	Approved		Disapproved		Date	
Police Department						
Central Inspection						
License #		Date		Expires		Released